

Complete Summary

GUIDELINE TITLE

(1) Crisis intervention. (2) Crisis intervention 2006 supplement.

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Crisis intervention supplement. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2006 Mar. 6 p. [22 references]

Registered Nurses Association of Ontario (RNAO). Crisis intervention. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Aug. 55 p. [46 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Crises, including:

- Mental health crises (primary focus)
- Developmental, situation, community, or environmental crises (secondary focus)

GUIDELINE CATEGORY

Evaluation
Management
Risk Assessment

CLINICAL SPECIALTY

Family Practice
Nursing
Psychiatry
Psychology

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Nurses

GUIDELINE OBJECTIVE(S)

- To present nursing best practice guidelines for crisis intervention
- To increase nurses' awareness of their role to deliver effective crisis intervention to meet the needs of clients experiencing a crisis

TARGET POPULATION

Canadian clients experiencing crises

Note: Clients are defined in the guideline as individuals, families, and communities who use crisis intervention services.

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation/Risk Assessment/Management

1. Awareness/integration of necessary foundational values, beliefs, guiding principles, crisis intervention theory
2. Delivery of crisis intervention based on an integrative framework
3. Therapeutic communication skills
4. Comprehensive holistic assessment
5. Referrals and linkages, as appropriate
6. Short-term follow up
7. Teaching and educating clients, families, colleagues, and the community about crisis intervention and prevention
8. Education, organization and policy approaches and strategies

MAJOR OUTCOMES CONSIDERED

Effectiveness of crisis interventions in managing clients in crisis (i.e., levels of social, occupational, cognitive and behavioural functioning)

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developers and revision panel conducted an extensive literature search and reviewed relevant research, theoretical frameworks and discussion papers.

NUMBER OF SOURCE DOCUMENTS

August 2002 Guideline

Not stated

March 2006 Supplement

Forty (40) articles were retrieved for review.

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

August 2002 Guideline

A panel of nurses with expertise in practice, research and academic sectors was established by the Registered Nurses Association of Ontario (RNAO). The panel defined the scope of the guideline; conducted an extensive literature search and reviewed relevant research, theoretical frameworks and discussion papers; and articulated the values underpinning crisis intervention. The panel then identified an integrative framework built on the work of several crisis theorists within which to present the recommendations for best practice. The panel solicited formal feedback from relevant hospital and community-based stakeholders and consulted with Lee Ann Hoff, Ph.D., RN, author of "People in Crisis: Understanding and Helping, 4th edition," "Creating Excellence in Crisis Care," "People in Crisis: Clinical and Public Health Perspectives, 5th edition," and several other major publications.

March 2006 Supplement

RNAO has made a commitment to ensure that this practice guideline is based on the best available evidence. In order to meet this commitment, a monitoring and revision process has been established for each guideline every three years. The revision panel members (experts from a variety of practice settings) are given a mandate to review the guideline focusing on the recommendations and the original scope of the guideline.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing
External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

A draft guideline was reviewed by representative stakeholders, and the feedback received was incorporated into the final document. The draft nursing best practice guideline was also pilot implemented over an eight-month period in several organizations in Ontario that were identified through a "request for proposal" process conducted by Registered Nurses Association of Ontario (RNAO). The guideline was further refined taking into consideration the pilot site feedback and evaluation results as well as current literature.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Note from the National Guideline Clearinghouse (NGC): In March 2006, the Registered Nurses Association of Ontario amended the current practice recommendations for this topic. Through the review process, no recommendations were added or deleted, however two recommendations were reworded to reflect new knowledge. The recommendations have been noted below as "changed" or "unchanged."

Practice Recommendations

Recommendation 1 (Unchanged)

Crisis intervention is founded on a particular set of values and beliefs, and guiding principles.

Recommendation 2 (Changed March 2006)

Knowledge of the three core components of crisis intervention theory (a precipitating event, client perception of the event, and the client's usual coping methods) is fundamental to identify clients in crisis.

Recommendation 3 (Unchanged)

The delivery of crisis intervention is based on an integrative framework.

Recommendation 4 (Unchanged)

A wide array of therapeutic communication skills is a pre-requisite to effective intervention with clients in crisis.

Recommendation 5 (Unchanged)

A comprehensive holistic assessment is performed prior to engaging in any plan to resolve crises.

Recommendation 6 (Unchanged)

Nurses are directly involved in all aspects of crisis intervention including assessment, intervention, referrals and linkages, and short-term follow up.

Recommendation 7 (Unchanged)

Teaching and educating clients, families, colleagues, and the community about crisis intervention and prevention are essential to promote mental health.

Education Recommendations

Recommendation 8 (Unchanged)

Education and ongoing learning opportunities are required for nurses to implement best practices in crisis intervention.

Recommendation 9 (Unchanged)

The core curriculum in nursing education includes the following key components:

- Crisis intervention theory and practice
- Sound knowledge of the principles of the therapeutic relationship, and their application to crisis intervention
- The provision of regular clinical supervision

Organization and Policy Recommendations

Recommendation 10 (Unchanged)

Organizational commitment to providing quality crisis intervention services is reflected in its mission and vision statements, as well as through allocation of resources to develop, implement, and support the services.

Recommendation 11 (Unchanged)

To enhance the continuum of crisis care, the organization continuously strives to achieve a collaborative and integrative crisis intervention practice model within an interdisciplinary team.

Recommendation 12 (Unchanged)

The organization actively advocates for the provision of quality crisis intervention care on multiple levels (individual, family, and community).

Recommendation 13 (Changed March 2006)

Nursing best practice guidelines can be optimally implemented when adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation, exist. An organizational plan for developing and implementing crisis intervention services includes:

- An assessment of organizational readiness and barriers to education
- Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process
- Dedication of a qualified individual to provide the support needed for the education and implementation process
- Ongoing opportunities for discussion and education to reinforce the importance of best practices
- Opportunities for reflection on personal and organizational experience in implementing guidelines.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

In developing this guideline, the guideline development panel drew their evidence from a variety of sources, including several quantitative and qualitative studies, anecdotal reports, and expert knowledge and experience. Expert consensus was also utilized in this guideline when no other more scientifically formalized knowledge was available. In this way, patterns of knowing, including empirics, ethics, personal knowing and aesthetics, were captured.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Guideline implementation is intended to help nurses more effectively manage clients in crisis and increase levels of social, occupational, cognitive and behavioural functioning.
- It is intended that this guideline will enhance the understanding of crisis intervention and standardize its practice, as well as enhance professional nursing practice.
- Crisis intervention is considered to be an effective approach in managing clients in crisis and can reduce hospital admissions.
- Nurses, other health care professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools, etc.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor Registered Nurses Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omission in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.
- The March 2006 supplement to the nursing best practice guideline Crisis Intervention is the result of a three year scheduled revision of the guideline.

Additional material has been provided in an attempt to provide the reader with current evidence to support practice. Similar to the original guideline publication, this document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. This supplement should be used in conjunction with the guideline as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

- Crisis intervention must be responsive to clients and families in community and institutional settings. While accessibility of services in the client's environment is ideal; it does not preclude the provision of effective crisis intervention approaches in multiple settings, delivered in a timely and responsive manner.
- It is noteworthy that crisis intervention is but one level of care within a continuum of health care services and should not be viewed as a panacea for the absolute reduction of emergency room visits or as a replacement for ongoing ambulatory care services, particularly for patients experiencing chronic illnesses.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Toolkit: Implementing Clinical Practice Guidelines

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation. In this regard, Registered Nurses Association of Ontario (RNAO) (through a panel of nurses, researchers and administrators) has developed The Toolkit for Implementing Clinical Practice Guidelines, based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of any clinical practice guideline in a health care organization.

The "Toolkit" provides step by step directions to individuals and groups involved in planning, coordinating, and facilitating the guideline implementation. Specifically, the "Toolkit" addresses the following key steps:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing evaluation
6. Identifying and securing required resources for implementation

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The "Toolkit" is one key resource for managing this process.

There are several key strategies organizations can utilize to implement the Crisis Intervention guideline. These strategies are comprised of the following:

- Identification of an individual to lead the project that will dedicate time to implementation of the Crisis Intervention guideline. This nurse will provide support, clinical expertise and leadership to all nurses involved in implementation.
- Utilization of a systematic approach to planning, implementation and evaluation of the guideline initiative. A work plan is helpful to keep track of activities and timelines.
- Provide opportunities for staff to attend interactive, adult-learning programs which incorporate the key recommendation from the guideline.
- Teamwork and collaboration through an interdisciplinary approach is essential.
- Consider establishing an implementation team that includes not only the organization implementing the guideline, but others such as community partners (referral sources) and support groups.

For other specific recommendations regarding implementation of this guideline, refer to the "Major Recommendations" field.

Evaluation and Monitoring

Organizations implementing the recommendations in this nursing best practice guideline are recommended to consider how the implementation and its impact will be monitored and evaluated. A table in the original guideline document, based on a framework outlined in the RNAO Toolkit: Implementation of Clinical Practice Guidelines (2002), illustrates some indicators for monitoring and evaluation.

IMPLEMENTATION TOOLS

Foreign Language Translations
 Patient Resources
 Quick Reference Guides/Physician Guides
 Tool Kits

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
 Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Crisis intervention supplement. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2006 Mar. 6 p. [22 references]

Registered Nurses Association of Ontario (RNAO). Crisis intervention. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Aug. 55 p. [46 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2002 Aug (addendum released 2006 Mar)

GUIDELINE DEVELOPER(S)

Registered Nurses Association of Ontario - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care.

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Not stated

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

The Registered Nurses Association of Ontario (RNAO) received funding from the Ministry of Health and Long-Term Care (MOHLTC). This guideline was developed by a panel of nurses and researchers convened by the RNAO and conducting its work independent of any bias or influence from the MOHLTC.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

August 2002 Guideline

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

March 2006 Supplement

Electronic copies: Available in Portable Document Format (PDF) from the [RNAO Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Summary of recommendations. Crisis intervention. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).
- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Mar. 91 p. Available in Portable Document Format (PDF) from the [RNAO Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

PATIENT RESOURCES

The following is available:

- Health education fact sheet. Understanding crisis. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Nov. 2 p.

Electronic copies: Available in Portable Document Format (PDF) from the [RNAO Web site](#) (French and English).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

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NGC STATUS

This NGC summary was completed by ECRI on December 17, 2003. The information was verified by the guideline developer on January 16, 2004. This NGC summary was updated by ECRI on June 23, 2006.

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Registered Nurses' Association of Ontario (2006). Crisis Intervention. (rev. suppl.) Toronto, Canada: Registered Nurses' Association of Ontario.

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